

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 29, 1999

Application or Docket Number

09/51802

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	38	minus 20 = * 18
INDEPENDENT CLAIMS	5	minus 3 = * 2
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

OR	RATE	FEES	OR	RATE	FEES
		345.00			690.00
OR	X\$ 9 =		OR	X\$18 =	324
OR	X39 =		OR	X78 =	156
OR	+130 =		OR	+260 =	
TOTAL			TOTAL		1170

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OTHER THAN  
OR SMALL ENTITY

OR	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	X\$ 9 =			X\$18 =	
OR	X39 =		OR	X78 =	
OR	+130 =		OR	+260 =	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE  
ADDI-  
TIONAL  
FEE

RATE  
ADDI-  
TIONAL  
FEE

OR	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	X\$ 9 =			X\$18 =	
OR	X39 =		OR	X78 =	
OR	+130 =		OR	+260 =	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE  
ADDI-  
TIONAL  
FEE

RATE  
ADDI-  
TIONAL  
FEE

OR	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	X\$ 9 =			X\$18 =	
OR	X39 =		OR	X78 =	
OR	+130 =		OR	+260 =	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE  
(CALCULATION SHEET)

APPLICATION NUMBER: DA/578020

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Basic Filing Fee	<u>201/101</u>						<u>690</u> - <u>690</u>
Total Claims >20	<u>203/103</u>	<u>38</u>	-20 =	<u>18</u>	x		<u>18</u> - <u>324</u>
Independent Claims >3	<u>202/102</u>	<u>5</u>	-3 =	<u>2</u>	x		<u>78</u> - <u>156</u>
Multi-Dep Claim Processor	<u>204/104</u>						
Surcharge	<u>205/105</u>						
English Translation	<u>139</u>						
<u><b>TOTAL FEE CALCULATION</b></u>							<u>1300</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 1300.00

Less Filing Fees Submitted - \$ 40

BALANCE DUE = \$ 1300.00

Debby Deh  
Office of Initial Patent Examination